

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

**A DISPOSABLE DOUBLE POINTED INJECTION NEEDLE, AND AN INSULIN INJECTION SYSTEM
COMPRISING A DISPOSABLE DOUBLE POINTED INJECTION NEEDLS**

and for which a patent application:

- is attached hereto (and includes amendment(s) filed on _____ (if applicable))
- was filed in the United States on _____ as Appln. Ser. No. _____,
- with amendment(s) filed on _____ (if applicable)
- was filed as PCT International Appln. No. _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, C.F.R. §1.56.

I hereby claim foreign priority benefits under Title 35, U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application on this invention filed by me or my legal representatives or assignees and having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
00610052.3	EPO	31 May 2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PA 2000 01790	DENMARK	28 November 2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Daniel A. Devito (32,125), Edward V. Filardi (25,757), David W. Hansen (38,910), Constance S. Huttner (35,903), Ronald S. Laurie (25,431), Robert B. Smith (28,538), Bruce C. Anderson (46,519), Robert B. Beyers (46,552), Meir Y. Blonder (40,517), Ian R. Blum (42,336), John L. Dauer, Jr. (39,953), Jose Esteves (41,011), Michael D. Fabiano (44,675), Stacey J. Farmer (42,526), Di Jiang-Schuerger (44,806), Frederick D. Kim (38,513), Thomas R. Lane (42,718), Daniel J. Lin (47,750), Douglas R. Nemec (41,219), Guy Perry (46,194), Constance F. Ramos (47,883), Andrew F. Strobert (35,375), Todd J. Tiberi (37,455), Joseph Yang (41,387), and Matthew B. Zisk (45,257), all of Skadden, Arps, Slate, Meagher & Flom LLP, whose address is Four Times Square, New York, NY 10036.

SEND CORRESPONDENCE TO: Skadden, Arps, Slate, Meagher & Flom LLP
 Four Times Square
 New York, NY 10036
 PTO Customer No. 26137

DIRECT TELEPHONE CALLS TO:
 Robert B. Smith
 212/735-3020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FULL NAME OF INVENTOR	Last Name LARSEN	First Name CARSTEN	Middle Name GERNER
	RESIDENCE AND CITIZENSHIP	City KGS. LYNGBY	State or Foreign Country DENMARK	Country of Citizenship DENMARK
	POST OFFICE ADDRESS	Street SKELTOFTEVEJ 4 ST.TV	City KGS. LYNGBY	State or Country DENMARK
Signature of Inventor				Date
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FULL NAME OF INVENTOR	Last Name STENHOLT	First Name LARS	Middle Name
	RESIDENCE AND CITIZENSHIP	City HUMLEBAEK	State or Foreign Country DENMARK	Country of Citizenship DENMARK
	POST OFFICE ADDRESS	Street NY STRANDVEJ 102 C	City HUMLEBAEK	State or Country DENMARK
Signature of Inventor				Date
3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FULL NAME OF INVENTOR	Last Name ANDERS	First Name MOLIN	Middle Name
	RESIDENCE AND CITIZENSHIP	City KØBENHAVN K	State or Foreign Country DENMARK	Country of Citizenship DENMARK
	POST OFFICE ADDRESS	Street LILLE STRANDSTRAEDE 24, 1.TV	City KØBENHAVN K	State or Country DENMARK
Signature of Inventor				Date
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FULL NAME OF INVENTOR	Last Name REX	First Name JØRN	Middle Name
	RESIDENCE AND CITIZENSHIP	City ROSKILDE	State or Foreign Country DENMARK	Country of Citizenship DENMARK
	POST OFFICE ADDRESS	Street HYLDETOFTEN 6 GUNDSØMAGLE	City ROSKILDE	State or Country DENMARK
Signature of Inventor				Date

5	FULL NAME OF INVENTOR	Last Name LARSEN	First Name BJØRN	Middle Name GULLAK	
	RESIDENCE AND CITIZENSHIP	City BAGSVAERD	State or Foreign Country DENMARK	Country of Citizenship DENMARK	
	POST OFFICE ADDRESS	Street BUEGÅRDEN 17, 2 TV	City BAGSVAERD	State or Country DENMARK	Zip Code DK-2880
Signature of Inventor				Date	
6	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Signature of Inventor				Date	
7	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Signature of Inventor				Date	
8	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Signature of Inventor				Date	